

Cornwall Care Limited

Mountford

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We carried out this unannounced inspection of Mountford on 18 June 2015. Mountford is a care home that provides residential and nursing care for up to 38 people. On the day of the inspection there were 35 people using the service. Some of the people at the time of our visit had mental frailty due to a diagnosis of dementia. The service received a comprehensive inspection in October 2013. At that time we found records were not being completed accurately. There was not an accurate record in respect of each service user, which included appropriate information and documents in relation to the care and treatment provided to each

service user. The service provided us with an action plan showing how it would improve record keeping. We inspected the service again in February 2014 and found the service had taken action to improve the information about peoples care and treatment.

The service is required to have a registered manager and at the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Summary of findings

Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Work was taking place to replace and renew external windows and paintwork. The front of the building had been completed but work was continuing so that all windows and paintwork would be replaced and renewed. Internally there were areas where paintwork and woodwork was chipped or damaged and needed decoration due to the constant use of wheelchairs and mobility equipment. A business plan had identified where environmental improvements were necessary and had been planned for.

A garden project was well underway after the service was awarded lottery money to create a sensory garden. People using the service, visitors and staff were excited by the project. Some of the comments included, "It's going to be a great place to sit in and enjoy, we can't wait". A staff member said, "A few people have enjoyed their own gardens so it will be nice for them to be able to go out and sit amongst the flowers".

The atmosphere at the service was welcoming, calm and friendly. The service had a central hub of lounge and dining space, as well as two separate lounges. People were able to spend their time in various areas of the service as they chose. Some people were sitting and reading daily newspapers in the lounge, others chose to sit in the other lounge areas. For people with mobility aids there was suitable storage for equipment so that it did not impose upon the living areas of the service. People's bedrooms were personalised as were the furnishings in lounge areas. Signage supported people with dementia who had issues to help them move around.

There was a stable staff team who had a good knowledge of each person's needs. People using the service and visitors spoke well of the staff team. Visiting families told us, staff had the right knowledge and skills to meet their relative's needs. People told us they felt safe living at the service. "I like living here, I feel safe" and "They treat me well here". A family member told us, "We came unannounced to look around, we were shown around and are very impressed". There were enough staff on duty to meet the needs of people living at the service.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. Tables were laid with decorative coverings and the dining experience we observed during the inspection visit was positive. People were seen to enjoy their meals on the day of our visit and were supported by respectful staff.

Staff were recruited using suitable checks to ensure staff were safe to work in a care environment and had the appropriate skills and knowledge to support people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had the appropriate level of knowledge and skills.

People were well cared for. Staff were kind and respectful when supporting people. Visitors commented, "Staff care for my (relative) with respect". "Staff are always kind to my (relative), they are treated with dignity". Visitors were welcomed at any time and encouraged to be involved in their relatives review's.

Health professionals told us staff had good knowledge of the people they cared for and made appropriate referrals to them when people needed it. People and visitors told us they were confident that a doctor or other health professional would be called if necessary. People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to changes in need. Staff had good knowledge of people including their needs and preferences.

Staff were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

People told us they knew how to complain and would be happy to speak with a manager if they had any concerns.

Summary of findings

Families and staff felt they could raise any concerns or issues they may have with the manager, who they said was approachable. People felt their views and experiences were listened to.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, meetings and comment cards. Response from this monitoring showed that overall satisfaction with the service was very positive.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living in the service and relatives told us they thought people were safe as well.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff who had the right knowledge and skills.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs

Good



Is the service effective?

The service was effective.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Good



Is the service responsive?

The service was responsive.

People had access to activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

People received personalised care and support which was responsive to their changing needs.

Good



Summary of findings

Is the service well-led?

The service was well led

Systems and procedures were in place to monitor and assess the quality of their service.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff were motivated to develop and provide quality care and told us they felt supported by managers.

Good



Mountford

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 18 June 2015. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with five people who were able to express their views of living at the service and three visiting relatives. We looked around the premises and observed care practices on the day of our inspection visit. Prior to and during our inspection visit we spoke with a health professional and a commissioner of the service.

The registered manager was not on duty on the day of the inspection visit. We spoke with the deputy manager and operational manager for the organisation, one nurse and four care staff. We looked at four records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People who lived at the service and relatives we spoke with told us they felt safe and secure. One person told us, "I have no problems about being kept safe here. I have total trust in the staff". Family members told us, "My (relative) is more contented here and is generally very happy. There are always staff available if I want to talk to them" and "I think my (relative) is safe here. I would speak to management if I had any worries".

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had, with the management of the service. Staff also knew they could raise concerns with the local authority or the Care Quality Commission if necessary. They were knowledgeable in recognising signs of potential abuse and how to use the organisation's reporting procedures. Staff told us they would have no hesitation in reporting any concerns to the registered manager, as they wanted people in the service to be safe and well cared for. Staff received safeguarding training as part of their initial induction and this was regularly updated.

There were enough skilled and experienced staff on duty to keep people safe and meet their needs. Staff were available to support people by providing the care and support they needed. Call bells were responded to quickly, when people required support and assistance. Visiting families told us, "No they don't take long at all before someone gets a response" and "There are always staff available. They are always busy".

Care files included risk assessments and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls. The use of bed rails and reducing the risk of pressure ulcers. Where people had been identified as at risk from falls. The records directed staff on the actions to take to reduce this risk. This helped ensure staff provided care and assistance for people in a consistent safe way.

Where people displayed behaviour which might be challenging, we saw evidence in care records that

assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support. One staff member told us, "We get to know the indicators which sometimes upset some people". For example we observed a staff member encouraging a person to focus on setting the table for lunch, which diffused a possible confrontation with another person.

Staff supported people with mobility difficulties. We observed transfers during the day in the main lounge and dining area. All the transfers from chair to wheel chair and vice versa were carried out by competent staff. For example, we saw two staff supporting a person to move position with the use of hoist equipment. During the process they talked with the person reassuring them they were safe. The person looked relaxed and comfortable throughout the process. This showed staff understood how to carry out the task safely, but also how to engage with people and reassure them.

Safe arrangements were in place for the storing and administration of medicines. All Medicine Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and included the initials of the nurse who had given them. Medicines were securely stored in portable metal cabinets and when not in use were stored in a locked room. The service had arrangements in place for the recording of medicines that required stricter controls. These medicines required additional secure storage and recording systems by law. The service stored and recorded such medicines in line with the relevant legislation.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required, to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Is the service effective?

Our findings

Families told us, “My (relative) is well looked after and seems happy”. Also, “My (relative) is happy to be able to make choices. They can choose their bedtime” and “This place is marvellous. My (relative’s) bed sores have healed since they have been here”.

The environment both externally and internally required attention to improve decoration and replace windows. Windows and paintwork had been replaced and renewed at the front of the service and work was continuing to replace all windows. A business plan was in place to address internal decoration. The environment was clean and odour free. Procedures to ensure the maintenance of cleanliness and hygiene standards were in place and staff responsible for cleaning the service received training in hygiene procedures.

A garden project was well underway after the service was awarded a lottery grant to create a sensory garden. People using the service, visitors and staff were excited by the project and told us they were looking forward to using the garden area when completed. A lot of media interest had helped the service to promote its’ application for the grant. Staff told us it had created a lot of discussion between staff, people using the service and their families, about the design. Staff told us they felt involved through meetings and regular updates.

There was a storage room located close by the lounge and dining area to store wheelchairs and lifting equipment, so that corridors were uncluttered. People’s bedrooms were marked with their name and a photograph of themselves or a picture of something which reflected their interests. This meant people who might be affected by memory loss were assisted to find their room by recognising pictures or names they could associate with.

During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and what they would like to spend their time doing at various times of the day. People’s bedrooms contained personal pictures and ornaments which helped the service to have a familiar homely feel for people who lived there.

Staff asked people for their consent before delivering care or treatment and they respected people’s choice to refuse treatment. We saw one person did not want move to the

dining room to eat their lunch. The person’s decision not to have a meal was respected. Staff told us they were made aware of peoples individual likes and dislikes by reading their personal history files or, where completed, life history books. Consent had been sought and granted by people in respect of, taking medication, retaining their own medication and for personal care.

People had access to healthcare professionals including doctors’, chiropodists and opticians. Health checks were seen as important and were recorded on people’s individual records. One staff member told us, “We have built up a good relationship with the local surgery and district nurses. They always come out if we ask them and give staff advice where it’s requested “. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. End of life plans were in place for people. In one instance a person’s wish was to remain at the service until the end of their life. This was achieved by staff working in conjunction with the hospital to arrange the persons transfer back to the service for their end of life care. This showed the service respected people’s choices and was able to work well with other services to provide a comfortable home for people at the end of their lives.

We observed lunch being served in the dining area. Tables were laid with brightly coloured table covers. A menu board gave the meals of the day with large coloured pictures of the meals.

The meal was a sociable occasion with people chatting happily to each other and with staff who were serving and supporting people with their meals. Some people chose to eat in their rooms or other lounge areas. This was not seen as a problem to the staff. Lunch was a lighter option with the main meal being serviced at tea time. It consisted of soup and assortment of sandwiches, pasties and a large cake selection. However several people had meals which were not on the menu including bacon and eggs. A staff member told us, “People can have what they want. The person with bacon and eggs has their own routine when it comes to meals and the kitchen can accommodate people’s choices”. People requiring a soft food diet had pureed food in individual portions on a plate making it look attractive and appetizing. Staff were seen to prompt people to take drinks during the day. In addition records that noted peoples’ nutrition or fluid intake were in place to monitor their dietary needs.

Is the service effective?

The service had undergone a HACCP (Hazard Analysis and Critical Control Point) check and had been awarded five stars for the kitchen. The HACCP is a system that helps food business operators look at how they handle food and introduces procedures to make sure the food produced is safe to eat.

The Mental Capacity Act (MCA) provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria

for when someone maybe considered to be deprived of their liberty had changed. The registered manager had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Mental capacity assessments had been carried out and where people had been assessed as lacking capacity for certain decisions best interest meetings had been held. One application had been authorised and this was kept under review in line with legislative requirements.

Staff told us they felt supported by management and they received regular individual supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. New employees were required to go through an induction programme. This included training identified as necessary and familiarisation with the service and the organisation's policies and procedures. There were training opportunities for staff working at the service. Staff told us they thought access to training was generally good but in some instances requests for additional training had taken some time.

Is the service caring?

Our findings

People said they were well cared for at the service. Families told us, “Staff are very kind and gentle. I would say they treat my (relative) with respect, my (relative) is so much happier here”. Also, “Staff are always kind to my (relative) and “My (relative) is treated with respect and dignity”.

The service was calm and relaxed throughout the day. Staff spoke in a reassuring way when talking with people. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences about how they wished their care to be provided. For example one person liked to read the daily newspaper and staff made sure papers were available each day.

People’s culture and diversity was respected. For example a member of staff had learnt to sing happy birthday in Chinese. This was for a person living at the service who was of Chinese origin. The family visiting for the celebration were very impressed by the thoughtful gesture. Another example was staff placing a picture of a dairy cow on a person’s door because the person had been a dairy farmer. The family were appreciative of this, as they said it made the person happy and they could relate specifically to their room.

Visitors told us they were always made welcome and were able to visit at any time. A family member told us a carer had phoned to say their relative was in a low mood. However “When I arrived my (relative) was fine. They had worked their magic”.

Staff were highly motivated and told us people were well cared for. “We all take pride in how we care for people and treat people like we would want our own families to be treated” and “The teamwork is very good. We all respect each other at whatever level”. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people’s wellbeing.

Staff were clear about the backgrounds of the people who lived at the service. They (staff) knew people’s individual preferences, regarding how they wished their care to be provided. Throughout the inspection visit people were comfortable in their surroundings with no signs of agitation or stress.

Families we spoke with said they were involved in supporting decisions about their relatives care and treatment. They told us they were aware of their relatives care plan and had input into reviews that took place.

Some people with the support of their families had completed a life story book which covered the person’s life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person’s past and how it could impact on who they are today.

Is the service responsive?

Our findings

Families of people living at the service told us staff were very good at responding to individual needs. One relative told us, "My (relative) makes decisions with the management. If they could not respond my (relative) would soon let them know". My (relative) has asked staff to monitor things. They (staff) keep records. No problems when we ask for things to be done".

People who wished to move into the service had their needs assessed to help ensure the service was able to meet their wishes and expectations. The registered manager made decisions about any new admissions, by balancing the needs of the person with the needs of the people already living at the service.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. They were reviewed monthly or as people's needs changed.

Records showed people or their families had been involved and were at the centre of developing their care plans. This demonstrated people were encouraged to express their views about how their care and support was being provided for them. Where people did not have the mental capacity to make decisions, or understand their care planning needs, families had been involved. Members of

staff told us care records were accessible, informative, and easy to follow and up to date. One staff member said, "We are all responsible to keep records up to date to make sure people are being given the correct support."

There were a range of activities available to people including crafts, hand massage, entertainers and trips out. On the day of the inspection people were enjoying a visiting activities provider, supporting them with chair exercises. A member of staff was planning to bring a range of small personal pets into the service, as some people had spoken of their liking for animals. People and families were looking forward to the completion of the garden project. The design being used included various tactile items, to encourage people with sensory and mental frailty issues to get the most out of the garden. Staff spent one-to-one time talking and reading with people throughout the inspection visit. Staff had arranged parties to celebrate particular occasions and events. Photographs of these events were on a notice board in the entrance area.

People and their families were given information about how to make a complaint. Details of the complaints procedure were seen in the entrance to the service. One person told us, "If I wasn't happy about something I would discuss it with the manager". "I have raised a complaint and it was acted upon within three weeks". The service had a record of three complaints raised in the previous twelve months. The complaints had been investigated and resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by a deputy manager. The registered manager was supported by operational managers and clinical advisors.

There were systems in place to monitor the quality of the service provided, at both the level of the service and with senior management. The auditing process provided opportunities to measure the performance of the service. Internal audits measured the effectiveness of the service against a number of regulatory framework including HSCA Regulations 2014 and RIDDOR reporting for health and safety. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medicines, care records and people's finances.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the registered manager and service manager, identifying any necessary improvements or good practice observed.

Staff meetings were taking place and minutes of the meetings were available for inspection. The meetings provided staff with the opportunity to gain information about operational issues for the service. Also, awareness of expectations of staff, and information about changes in the operation of the service. For example, the development of the garden project.

Staff told us morale was good and there was a stable staff team, with many staff having worked in the home for a

number of years. There was a positive culture within the staff team with an emphasis on making people's daily lives as fulfilling as possible. Staff said they were supported by the management team and were aware of their responsibility to share any concerns about the care provided by the service. A staff member told us, "There is always an open door policy and the managers listen. It's a good place to work".

Visiting families told us the managers talked with them when they visited and kept them updated with any changes in the service or activities which were planned. Visitors told us, "It's a blessing to know my (relative) will be looked after by such caring staff, who also support me and my family". Also, "Every time we visit we get an update on what (relative) has been doing. We think they are good at communicating with us".

Policies and procedures were in place for all aspects of service delivery and these had recently been reviewed across the organisation. Senior management in the organisation had responsibility for making sure specific policies were updated and continued to reflect current legislation and best practice. For example the provider had recently completed reviewing the DoLS policy for the group of services, which now reflected the court ruling from 2014.

Service certificates were in place to make sure equipment and supply services including electricity and gas were kept safe. Defects were being reported and actioned. The lead housekeeper had a system to monitor and sign off defects, so there was a clear audit trail. The service was clean throughout and there were no odours detectable. Equipment including moving and handling aids, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.